

George ... 14th Carolina

Mr. ... admitted March 8th 1820

Mr. Hopkins.

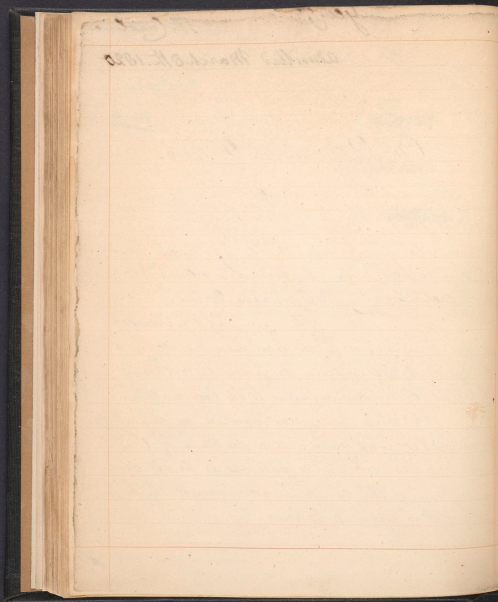
NO 3

## On Plegmasia Dolens.

Purpurated Swellings  
of the inferior extremities are called in our  
vernacular language, Milk leg, by the French  
dépôt de lait, by the Germans adoma lacteum,  
and technically Plegmasia Dolens.

Of the Causes  
of this complaint little has been ascertained.  
Medical writers seem to have entertained  
different Opinions relative to its true nature.

Mr. White, who has written on this subject,  
thougt it was owing to a rupture of the  
lymphatics, which he believes to be effected  
by pressure of the child's head against the skin  
of the Pelvis during labour.



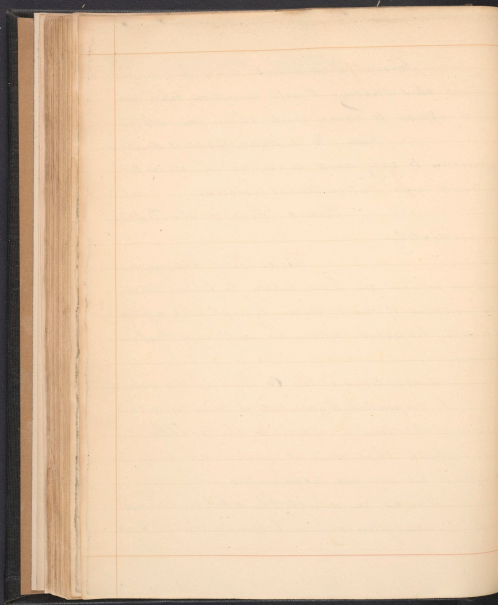
Several arguments have been urged against this theory. I will mention one or two which appear to carry with them some weight.

First. It is stated that it sometimes supervenes to easy and natural as well as to difficult and preternatural labour.

Second. That it should take place immediately.

Third. That cases are met with in which we have reason to believe that the rupture of one or more lymphatic vessels actually happens, where no swelling of this kind follows.

In dislocations of the Os humeri for example, when the capsular ligament is torn, and the head of the bone forced into the acilla, it is very probable that some of lymphatics may give way. Yet we are not acquainted with any circumstances, in which the absorbent vessels, or conglobate glands have become enlarged and





hardened, accompanied with this peculiar kind of effusion, though such dislocations have not been reduced for months.

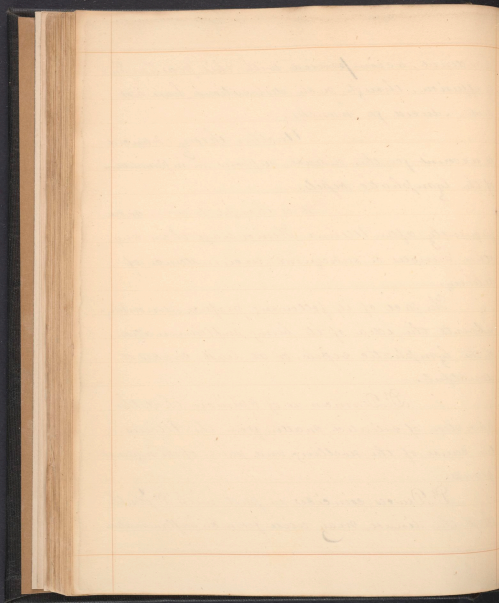
Another theory advanced to account for this disease, supposes an inflammation of the lymphatic vessels.

It is thought to occur more frequently after Uterine Hemorrhage than any other period or subsequent circumstance of delivery.

The fact of its following profuse hemorrhage supports the idea of its being inflammation of the lymphatic vessels, or at least makes it doubtful.

D<sup>r</sup> Denman is of opinion that the absorption of vitiated matter from the Uterus is the cause of the swelling and pain of the inguinal glands.

D<sup>r</sup> Dewees coincides in part with D<sup>r</sup> Hull that the disease may arise from an inflammation

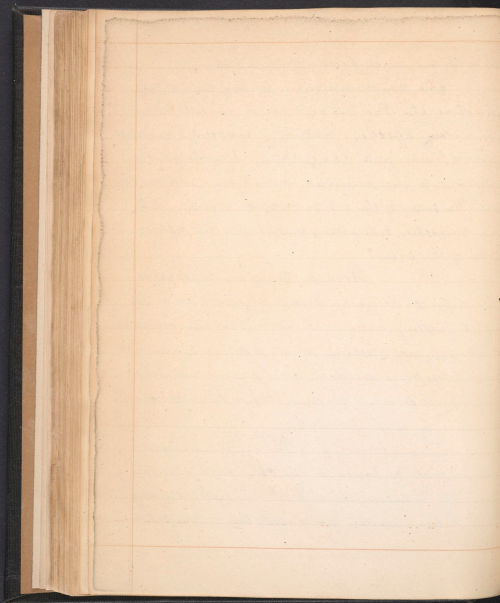


of the cellular membrane of the limb.

No doubt remains in my mind, says Hull, that the Puerperal cause consists in an inflammatory affection, producing suddenly a considerable effusion of Serum and coagulating lymph from the capillents into the cellular membrane, and goes on to say, The seat of the inflammation I believe to be in the muscles cellular membrane and inferior surface of the cutis?

Professor James in his lecture on this subject, observes, From whatever cause this puerperal Swelling may arise it differs from oedema in generally not pitting, or at least in a very slight degree, by pressure and it would generally seem to be owing to some circumstance that occurs after delivery of the patient.

The disease occurs from the first 24 hours to the end of the 4<sup>th</sup> week. commonly between the 6<sup>th</sup> 8-12<sup>th</sup> day after delivery. If we believe writers no constitution or condition

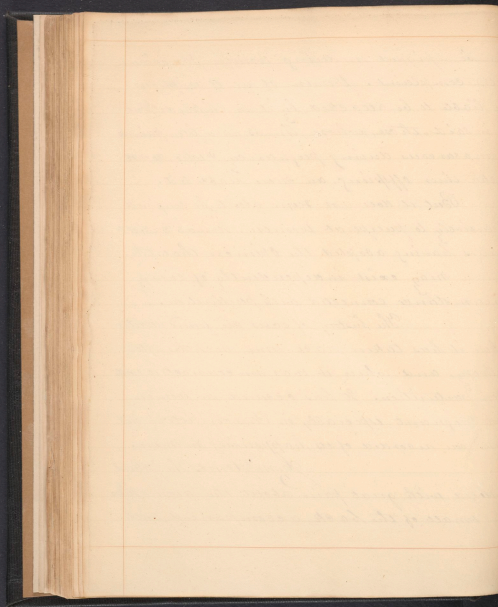


can be assigned rendering women Obnoxious  
to the complaint. Women of all descriptions  
are liable to be attacked by it in Childhood: But  
it is said those, whose limbs have been pained  
or anasarous during pregnancy, & who, do not  
nurture their offspring, are more liable to it.

But it does not seem, also to be confined  
exclusively to puerperal women, Several Medical  
writers having adopted the opinion that the  
disease may exist independently of every  
circumstance connected with parturition.

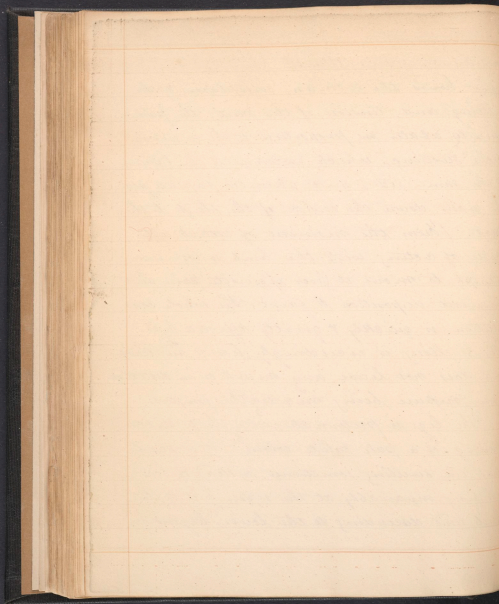
The history of cases are found detailed  
when it has taken place some months after  
delivery, and where it was unconnected with  
even parturition. It has occurred in women  
not pregnant especially in Cancer Retard and  
Cases are recorded of its happening in men.

Symptoms. The patient  
is seized with great pain about the groins, hips  
and small of the back, accompanied with



considerable fever. After the pain has continued a few hours the woman complains of the swelling and tension of the part, the pain usually abates in proportion to the increase of the swelling, which extends to the labium of the same side, and advances rapidly from the groin down the inside of the thigh to the knee. From the moment of attack all power of acting with the limb is lost every attempt to move it gives exquisite pain and frequent disposition to faint. The whole constitution is quickly & greatly affected by it. The swelling is exceedingly hard and tense, and does not leave any mark or indentation upon pressure being made by the fingers.

The leg is preternaturally hot, smooth, shining of a pale white colour. It is said that the swelling sometimes instead of commencing invariably at the upper part of the limb and descending to the lower, begins in





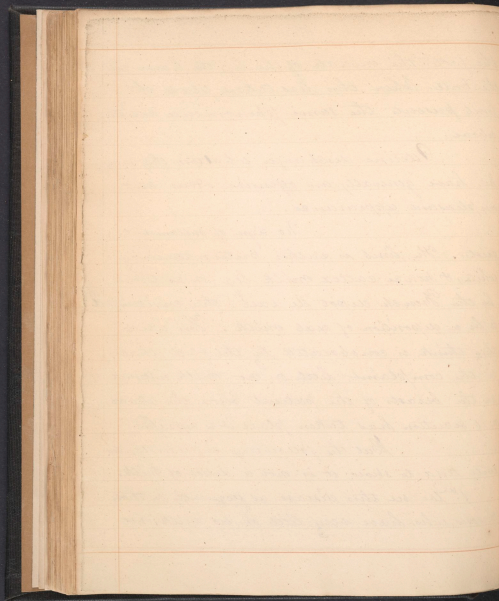
the foot, the middle of the leg, the ham and the knee. When this has taken place the limb presents the same phenomena noticed above.

Uterine discharges whatever they may be, have generally an offensive odour and unpleasant appearance.

No sign of inflammation exists. The limb is rather preternaturally white, & hence called milk leg, or as termed by the French *depot de lait*, they considering it to be a deposition of real milk. This idea they think is corroborated by the fact, that in the complaint little or no milk is formed in the breasts of the patient before the attack, or if secretion has taken place it is suppressed.

But the following circumstances will tend to show it is not a depot of milk.

1<sup>st</sup> We see this disease as frequently in those persons, who have very little or no milk, not



even suckling their Infants, as in those who have abundance.

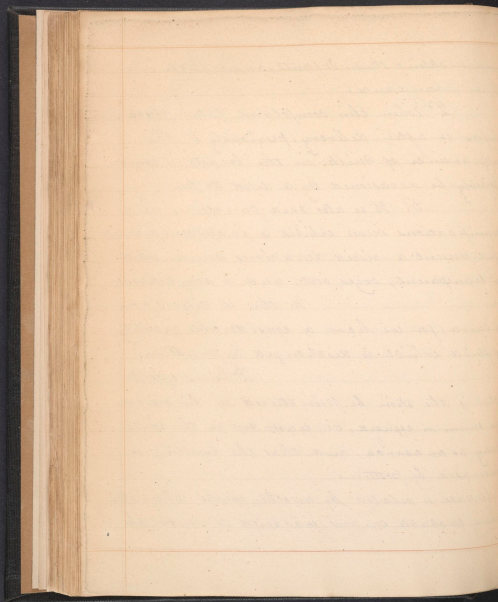
2. When this complaint takes place either before or after delivery, previously to the appearance of Milk in the breasts, it cannot possibly be occasioned by a *depot de lait*.

3. It is also said punctures and scarifications never exhibit a lactescent discharge but present a viscid tenacious serum, which is transparent, oozes out, and is very efficient.

In this it differs from edema, for we have a considerable quantity of fluid which is discharged by puncture.

J. Burns asserts that if the skin be punctured in this disease, no serum is effused, at least not in the same way as in anasarca, and that the swelling is increased by posture.

A case is related by another writer where after every probable means was tried to remove the

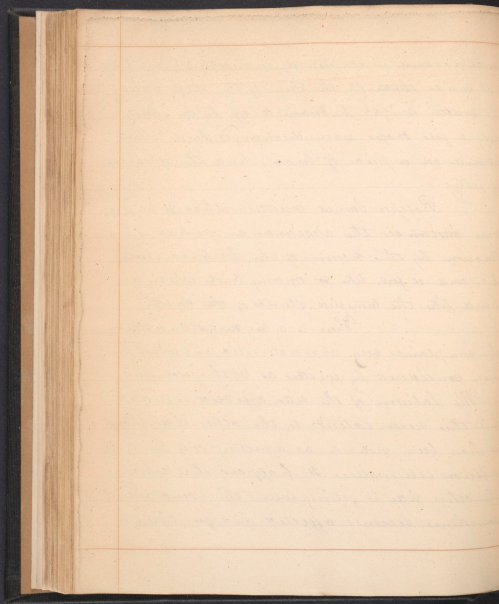


swelling, and it continued increasing, an incision was made through the skin of the thigh, that the matter might be drained off by an issue, only a few drops were discharged by it which accrued on a piece of linen, had the appearance of jelly:

Professor James mentions, that it has in some instances the appearance of what is known by the name of the Barbadoes swelled leg, and it feels like so many knots which one would like the tumefied glands of the neck.

There is a circumstance attending this complaint very characteristic and which has been considered by writers as pathognomonic.

The labium of the side affected is swelled, but this never extends to the other side, though it has been noticed, as affecting only one of the inferior extremities. It happens that when the other side is getting well, the sound side sometimes becomes affected and goes through



the same potence as the first, but not so violent.

Treatment. Determining from what may be collected from the best sources of information it appears that whatever may be the difference as to theoretical views, writers and practitioners of the present day concur in the propriety when called to a patient, where there is full tense pulse, Venesection should be used and repeated according to circumstances.

But as an auxiliary or where from a dislike of the patient to V.S. it is omitted, we may produce evacuations from the alimentary canal by smart & active purging. The patient should be kept at the same time upon a strict antiphlogistic diet, the bowels kept soluble by some of the neutral Salts.

Nitrous Oxides have been recommended and no doubt with advantage, from their effects of relaxing arteries & extenuating &c.

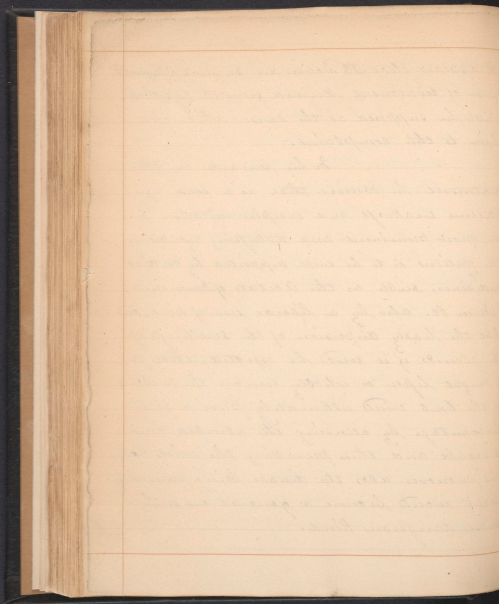






It appears that Dr. Denman pursued a different plan of treatment, derived from the hypothesis, which he supposed as the cause, which gave origin to this complaint.

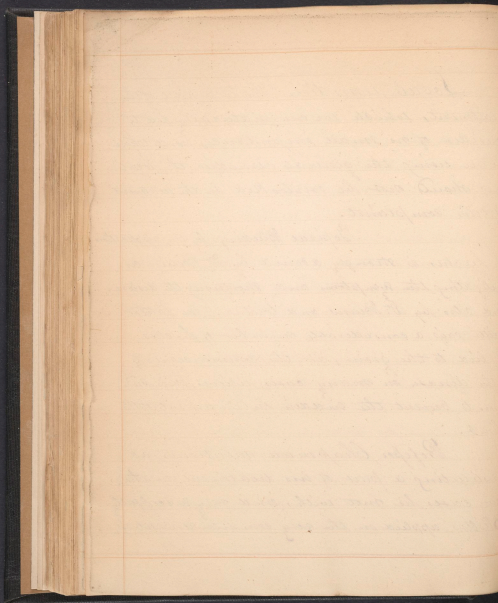
In his remarks on the treatment, he observes, that as a sense of extreme weakness and excessive irritation is the most prominent and distressing symptom, the patient is to be well supported by cordial medicines, such as the Acetate of Ammonia, Opium &c. also by a liberal use of wine, and that the hasty dispersion of the swellings of the glands if it could be effected, though it might lessen or wholly remove the swelling of the limb would ultimately prove a great disadvantage by allowing the absorbed virus to escape and thus pervading the whole body, and moreover as the disease being primarily local would become a general one of the most dangerous kind.



Local remedies. This is a part of the treatment, which we are naturally led to consider of no small importance, and while we are using the general remedies, the local ones should not be overlooked in the treatment of this complaint.

Topical Bleedings by the application of leeches is strongly advised by Dr. Ferriar as mitigating the symptoms and shortening the disease. and also by Dr. Burns and Willan. The latter writer says a considerable number of leeches applied to the groin, at the commencement of the disease in many cases relieves pain and seems to prevent the sudden enlargement of the limb.

Professor Chapman mentions, as constituting a part of his treatment in the few cases he met with, and very successfully, Blisters applied in the very commencement of

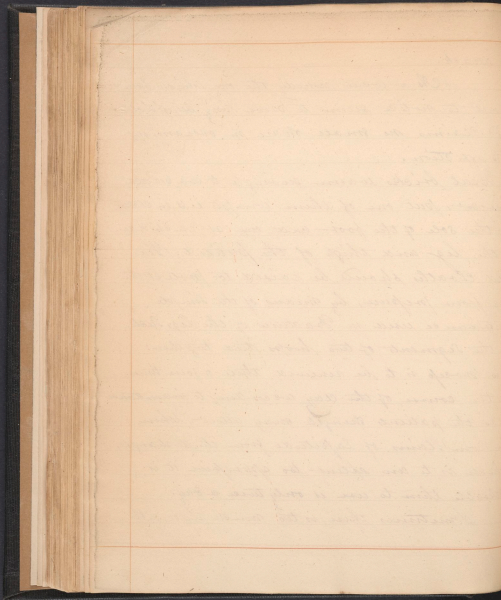


the attack.

As a local remedy the one which I am about to notice seems to prove very beneficial, and claims no small share in overcoming this affection.

Hot bricks warm enough to coagulate omelette, put one of them wrapped up in cloth at the sole of the foot and one at each side of the leg and thigh of the patient. The bed clothes should be raised to protect the leg from pressure, by means of the simple contrivance used in Fractures of the leg, such as the segments of two hoops tied together. This process is to be renewed three or four times in the course of the day according to circumstances or as the patient's strength may allow. When the complaints of lassitude from the discharge, which is to an extent too appreciable it is advisable then to use it only twice a day.

Sometimes there is too much rigor in the



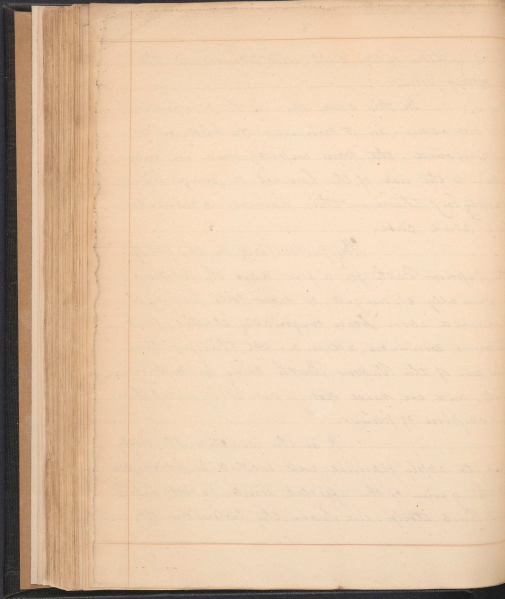
local action of the parts, and transmits the  
sweating points.

In this case then if the perspiration  
does not occur - in 15 minutes the bricks are to  
be removed, the parts wiped, and we may  
recur to the use of the Can set or purge before  
reapplying them - this however appears to  
be a rare case.

By persevering in the use of  
the Vapor Bath for a few days the swelling  
is generally changed, it now pits, having as  
I observed above been originally elastic, and  
becomes common oedema. At this juncture  
the use of the Vapor Bath may be dispensed  
with, and we need not recur to it unless there  
is a return of pain.

It is the practice of leniency  
also, to apply flannel well soaked in hot liniment  
to the groin of the affected limb, as well as to  
the limb itself, we have the testimony of







Dr. James from experience in favour of its beneficial effects.

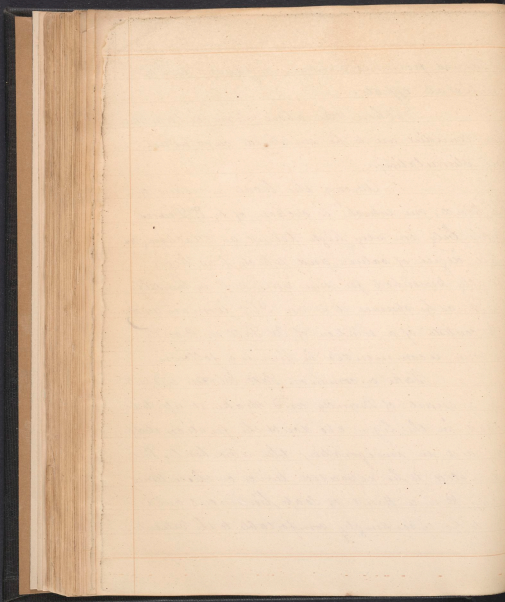
When the above changes take place other remedies are to be employed such as are more stimulating.

Among the local remedies of this kind, one which is spoken of by Dr. DeCours of this City in very high terms as attaching no small degree of value, and which has been liberally prescribed for some time past by himself. though, as he observes it is an Old Form and remedy.

It consists of a solution of Ox Gall in Brandy.

The form recommended by him is as follows—

Take a common Gall Bladder and put it in a quart of Brandy and shake it up. like rubbed in the leg. No doubt the friction itself may aid in invigorating the absorbents. This is directed to be repeated twice or three times a day. It is a kind of Soap Liniment and is said to be exceedingly comfortable to the patient.



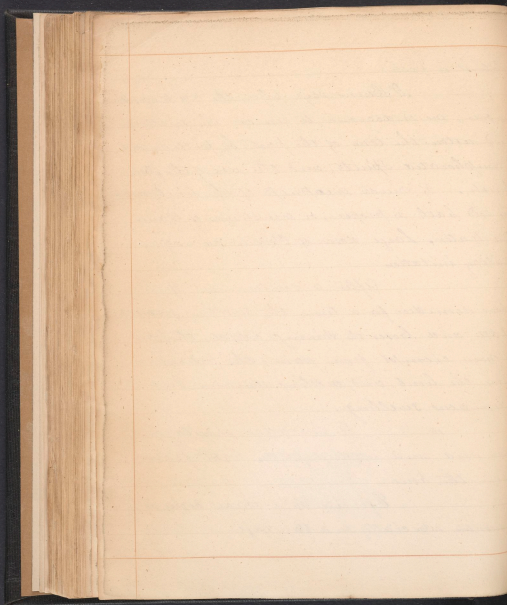
while it is fresh.

St. Burns says, when the acute symptoms are over, we endeavour to remove the swelling, and restore the tone of the part, by friction with Camphorated Spirits, and the use of the flesh brush. If much weakness of the limb remains the cold bath is proper, or sometimes of warm Sea-water. Large doses of Opium are useful to allay irritation.

After a continuance of the above remedies for a time the swelling gradually abates, and loses its shining aspect, the part is now exempt from pain, the patient can move the limb, and nothing remains but a dimens swelling.

A bandage should be now used and applied pretty tight from above the knee.

Exercise in a small degree is serviceable especially in a Carriage.



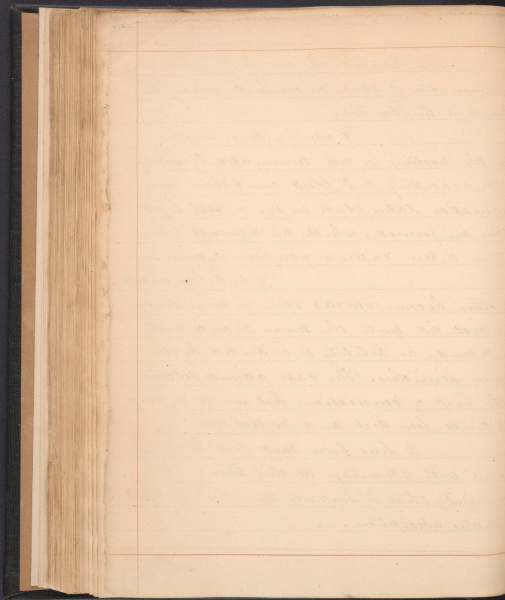
As I have noticed, the disease, unfortunately, sometimes after it abates in one limb, attacks the other in a similar way.

It also sometimes happens, that the swelling is not terminated by resolution.

But according to Dr. Hull now & then a suppuration takes place in one or both legs & ulcers are formed, which are difficult to heal, and in a few cases, a gangrene supervenes.

If both legs, one after the other become affected there is some reason to expect not quite the same chance with the second, as debility is induced by the former period. The case admits seldom of the help of Resection, but we may purge and direct low diet and perfect rest.

It has been said that Hosiin may be used with advantage at this time of the complaint, that it imparts strength, and also promotes absorption.



The manner in which it is used is by Anointing  
the leg with it. For this purpose the leg is  
made bare and a tub is placed under it,  
in which place a handful of Coals and just  
some Rosin on them. A blanket should be spread  
over the tub. Continue this 8 or 10 minutes or  
at time.

To conclude what I have to say  
relative to the cure of this disease I may add  
that we may generally with some degree  
of confidence hope for a cure, where the  
remedies enumerated are employed under  
proper regulations and a constant attention  
to the other circumstances of the disease.



